



201 West Richmond Ave. Suite A  
Point Richmond, CA. 94801

Phone: (510) 237-3908 EXT.105

Fax: (510) 237-3907

**! PLEASE PRINT ONLY !**

**RENTAL APPLICATION**

(1 form per Adult)

\*Address Desired \_\_\_\_\_ Rent currently paying \_\_\_\_\_ Number of  
Bedrooms \_\_\_\_\_ \*Move in Date \_\_\_\_\_ \*Number of Tenants \_\_\_\_\_ \*Pets? \_\_\_\_\_ If yes, what type \_\_\_\_\_

**PRINT ONLY -Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_**

**\*Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Driver's License # \_\_\_\_\_**

*(landlords/management require photocopies of all of Driver's Licenses/Identification cards so that they can verify that the people signing the lease are the people living in property)*

Home Ph: \_\_\_\_\_ Cell: \_\_\_\_\_ \*E-mail \_\_\_\_\_

\*Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Length rented \_\_\_\_\_

Present Landlord \_\_\_\_\_ Phone# \_\_\_\_\_

\*Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Length rented \_\_\_\_\_

Previous Landlord \_\_\_\_\_ Phone# \_\_\_\_\_

\*Present Employer \_\_\_\_\_ Address \_\_\_\_\_

Direct Employers # \_\_\_\_\_ How long \_\_\_\_\_ Supervisor \_\_\_\_\_

Present Income \_\_\_\_\_ Position \_\_\_\_\_

\*Previous Employer \_\_\_\_\_ Address \_\_\_\_\_

Direct number \_\_\_\_\_ How long \_\_\_\_\_ Supervisor \_\_\_\_\_

If not Employed, how will the rent be paid? \_\_\_\_\_

Reason for moving? \_\_\_\_\_

Additional Occupants \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

- 1.
- 2.
- 3.

Have you ever been evicted? \_\_\_\_\_ Filed for Bankruptcy \_\_\_\_\_ Do you smoke? Y/N \_\_\_\_\_

Do you have musical instruments? Y/N \_\_\_\_\_ Person to notify in case of emergency \_\_\_\_\_

Relationship \_\_\_\_\_ Ph# \_\_\_\_\_ Name of your Bank \_\_\_\_\_

**\*List all vehicles you own:**

Make \_\_\_\_\_ Model \_\_\_\_\_ Plate# \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Plate# \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Plate# \_\_\_\_\_

Applicant represents that the above statement are true and correct, and hereby authorizes verification of references to be released, and **agrees to pay \$25.00 non-refundable credit fee to FMI INC. per adult.** "I give permission to obtain my credit report"

**Signature \_\_\_\_\_ Date \_\_\_\_\_**